

Work Order ID 126443

126443

Page 1

Monday, November 10, 2014 10:54:33 AM

Item ID: D3203-1 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Handle
Start Date: 11/10/2014 Start Qty: 20.00 ***20*** Cust Item ID:
Required Date: 11/28/2014 Req'd Qty: 20.00 ***20*** Customer:
Reference:

Approvals: Process Plan: MF Date: 14-11-10 Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3203	Rev C

100	PURCHASING	0.00							
100									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>26447</u> Possible Supplier: Mill Supply P/N GH-180-C order (4) per Kit Identify for D3203-1 Conformity certificate is required								

110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110									
Packaging	Memo	0.00							
Packaging	Ensure certificate of conformity is attached								

120	QC6- Inspect dimensions to drawing	0.00							
120									
QC	Memo	0.00							
Quality Control									

DAS
38
9-89

NOV 12 2014

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Page 2

Monday, November 10, 2014 10:54:33 AM

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>81490</u>	0.00							
130									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

20V 8014-11-12

14/11/12 4
8014-11-12

DQA: _____ Date: _____

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

Monday, November 10, 2014 10:54:33 AM

Page 1

Work Order ID: 126443

126443

Parent Item: D3203-1

D3203-1

Parent Item Name: Handle

Start Date: 11/10/2014

Required Date: 11/28/2014

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP Rev:A New Issue 05-11-06 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
GH180C		Purchased		No		100	Each	0.0000	1	20			
GH180C									**				
Handle													

20 X SP14-11-12.

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

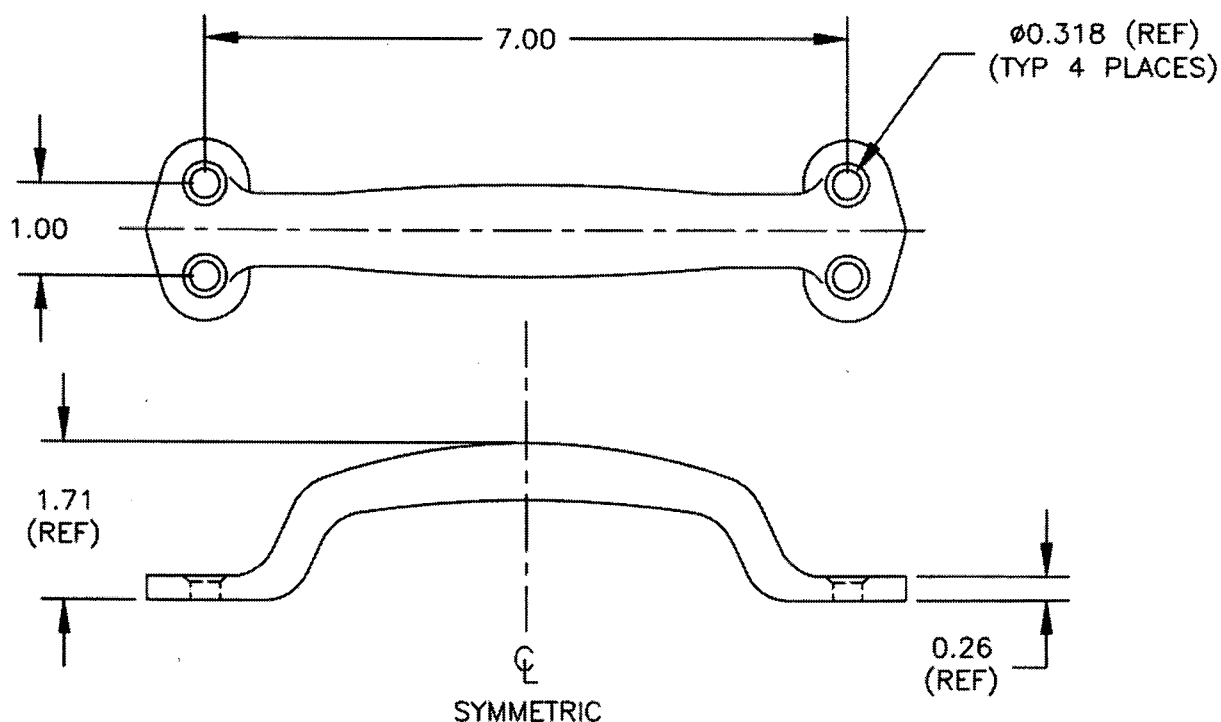
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DESIGN <i>CP</i>	DRAWN BY <i>KS</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>CP</i>	APPROVED <i>KS</i>	DRAWING NO. D3203	REV. C SHEET 1 OF 1
DATE 04.11.26		TITLE HANDLE	SCALE 1:2
A	03.08.27	NEW ISSUE	
B	03.10.16	REDESIGN HANDLE	
C	04.11.26	NO MACHINING	

RELEASED
05.01.18 *MF*

mf
126443



D3203-1 HANDLE

- 1) PURCHASE FROM MILL SUPPLY, P/N GH-180-C OR 27-526
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
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		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO26447

Purchase Order Date 11/10/2014

PO Print Date 11/10/2014

Page Number 1 of 1

Order From :

VU-ROY001

ROYAL BANK VISA
XXX

XX, X

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

mill deeppey

order online

Contact Name

Vendor Phone

Ship To Contact

Ship To Phone

Ship Via: FedEx Overnight collect

Ship Acct:

Buyer

Customer POID

Customer Tax # 10127-2607

Terms COD

Currency USD

FOB Destination-Collect

Chantal Lavoie

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extend Pri
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1	GH180C AS PER DWG D3203 REV. C B126443	Handle	11/12/2014 Yes 11/12/2014		20.00 ✓ Each	\$7.87	\$157.4
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SP14-11-12

Line Total: \$157.4

2	71401-45 Procurement Quality Clauses A005 RIGHT OF ENTRY A026 CERTIFICATION OF MATERIAL CONFORMANCE A040 NOTIFICATION OF QUALITY ESCAPE A042 DART NOTIFICATION BY SUPPLIER A043 RETENTION OF QUALITY DOCUMENTS	PROCUREMENT QUALITY CLAUSES	11/12/2014 No 11/12/2014		1.00	\$0.00	\$0.0
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Line Total: \$0.0

PO Total: \$157.4

CL U

Note: Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit www.dartaerospace.com for further explanation.

Change Nbr: 1

Change Date: 11/10/2014



MILL SUPPLY, INC.

19801 Miles Rd, Cleveland, OH 44128-4117
Remit To: Po Box 28750, Cleveland, OH 44128-0750

Local (216) 518-5072
Toll-Free (800) 888-5072
Fax (216) 518-2700
Fax-Free (888) 781-2700

359746 INVOICE

CREDIT CARD

11/11/2014 **Ship Date**

JOHN

LINDA LACELLE
11/17 061478 D

Customer # DARTK6A1K S-48 Phone 613-632-9577

Ship # Phone

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY ON K6A1K7

Order Date	Ordered By	P.O. Number	Salesman	Terms	Other Info
11/10/2014	Chantal Lavoie	po26447	WWW	NET	

Qty	UM	Part Number	Description	Unit Cost	Line Total
✓ 20	EA	27-526	GRAB HANDLE 35-4-2 please ship Fed ex overnight acct: 15179324-0.thanksChantal ORDER COMPLETE ***** * Watch for our NEW StepVan * * catalog arriving in September! * *****	7.87	157.40
*** NEW FOR 2013 - BOX TRUCK PARTS ***					

SP14-11-12

Shipping Via		Pkgs	
FED PRIORITY 1		1	
Weight	Charges	Weight	Charges

THANK YOU FOR YOUR ORDER
Inspect all packages for damage or missing parts now!
We must be contacted within 3 days if there is a problem with your order.
SEE BACK FOR DETAILS

We hereby certify that these goods were produced, or services performed in compliance with all applicable requirements of Section 6, 7 and 12 of the Fair Labor Standards Act, as amended, and of regulations and orders of the United States Department of Labor issued under Section 7 of the Act.

PLEASE NOTE
PLEASE PAY BY THIS INVOICE
ACCORDING TO THE TERMS
ABOVE. Past due invoices
subject to 1-1/2% per month
service charge.
\$20.00 FEE
FOR RETURNED CHECKS.
RETURN POLICY ON BACK

Merchandise	157.40
Tax	0.00
Sub-Total	157.40
Shipping & Handling	0.00 C
TOTAL	157.40

MillSupply.com

FROM 880445 TE=1

Rec'd By

THIS IS A COPY OF AN OLD INVOICE. DO NOT RESHIP OR REDELIVER IT !!!

5 EASY STEPS TO RETURN MERCHANDISE

Report Damaged Merchandise or Errors with your Order within 3 Days

1

- 1.) Call the sales department for a return authorization number, 800-888-5072. Have your invoice number ready.
- 2.) Return in original box or container. If not available, please use a strong corrugated carton, wrap well. Pack as small as possible, shipping companies charge larger packages by size not weight.
- 3.) Include this completed return form inside the package noting the part numbers, quantity and reason for return.
- 4.) Ship prepaid to: Mill Supply Returns, 19801 Miles Rd., Cleveland, OH 44128 (insure your package if the value warrants). We will issue a return label if our error; read the RETURN POLICY below.
- 5.) Please include your name and phone number where you can be reached during the day.

Name: _____ Phone (_____) _____ - _____

2

CHECK APPROPRIATE BOX:

- ☐ Please Replace
- ☐ Please Exchange
- ☐ Refund
- ☐ Other _____

R
E
A
S
O
N

CHECK THE APPROPRIATE BOX

- ☐ Defective
- ☐ Does not fit
- ☐ Wrong Merchandise Sent
- ☐ Wrong Merchandise Ordered
- ☐ Other _____

3

PLEASE FILL IN QUANTITY, PART NUMBER AND DESCRIPTION OF ITEM(S) BEING RETURNED

QTY	PART NO.	DESCRIPTION

4

PLEASE FILL IN THIS SECTION TO ORDER ADDITIONAL OR EXCHANGE ITEMS OR TO MAKE ANY COMMENTS

QTY	PART NO.	DESCRIPTION	PRICE EACH	TOTAL

5

PLEASE CHECK FORM OF PAYMENT FOR ADDITIONAL ITEMS OR DIFFERENCE IN PRICE OF EXCHANGED ITEM(S)

- ☐ Check Enclosed
- ☐ Charge my Credit Card - Card No. _____ Exp. Date _____
Mill Supply accepts: Visa, MasterCard, Discover, American Express (circle card you are using)
- ☐ Send C.O.D. (Established businesses only) Your Signature _____

RETURNS POLICY

IF YOU ARE NOT SATISFIED WITH YOUR MERCHANDISE

- If you are not 100% satisfied with the parts you received, **call the sales department within 30 days** of delivery for a return authorization number. **DO NOT RETURN PARTS WITHOUT AN INVOICE AND AUTHORIZATION NUMBER!**
- A 10% restocking fee is charged on all parts returned within 30 days. If we approve a return past 30 days a larger restocking fee may apply. Parts that arrive: 1) Defective 2) Damaged in transit (see below) 3) Shipped in error, will not be charged a restocking fee and a return label may be supplied for the merchandise.
- Any part returned must be in NEW—SALE condition as determined by our returns department. Parts that have been disassembled, drilled, welded, cut, painted, or modified in any way cannot be returned. Any incomplete kit returned will not be given credit.
- The purchaser is responsible for the packaging of the returned package as well as shipping charges. Be sure your return package is wrapped properly to avoid the loss of small parts or parts being damaged in transit. Do not pack larger packages in boxes larger than they came in. Large packages are charged by size not weight.
- A credit will be issued for returned merchandise only, shipping costs are not included. Upon your instructions, we will issue a refund check provided your check cleared the bank. Credit card purchases will be credited immediately.

IF YOUR MERCHANDISE ARRIVES DAMAGED

Examine and count all packages carefully. Multiple package shipments may not arrive on the same day. If parts arrive damaged, **contact Mill Supply as soon as possible, we must be contacted within 3 days.** (BE SURE TO KEEP ALL PACKING MATERIAL.) *Freight shipments* must be noted as 'DAMAGED' before you sign the Bill of Lading. Claims inspectors will not accept responsibility for damaged merchandise without seeing the carton it was shipped in. Mill Supply is not responsible for damaged merchandise that can not be properly examined by the claims inspector. **Mill Supply's Guarantee** is equal to or better than what each manufacturer furnishes. In no case is it greater than the cost of the merchandise.